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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/814,326	03/30/2004	John F. Boylan	ACS-63439 (3968X2)

24201  
FULWIDER PATTON LEE & UTECHT, LLP  
HOWARD HUGHES CENTER  
6060 CENTER DRIVE  
TENTH FLOOR  
LOS ANGELES, CA 90045



CONFIRMATION NO. 5142  
FORMALITIES LETTER



\*OC000000012937923\*

Date Mailed: 06/14/2004

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

*Filing Date Granted*

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

08/11/2004 BABRAHA1 00000058 10814326

01 FC:1051

130.00 UP

*A copy of this notice **MUST** be returned with the reply.*

*M*

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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

AUG 10 2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**\$130.00**

## Complete if Known

Application Number	<b>10/814,326</b>
Filing Date	<b>03/30/2004</b>
First Named Inventor	<b>JOHN F. BOYLAN</b>
Examiner Name	
Art Unit	
Attorney Docket No.	<b>ACS-63439 (3968X2)</b>

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
 Deposit Account:

Deposit Account Number	<b>06-2425</b>
Deposit Account Name	<b>Fulwider Patton</b>

The Director is authorized to: (check all that apply)

- 
- Charge fee(s) indicated below
- 
- Credit any overpayments
- 
- 
- Charge any additional fee(s) or any underpayment of fee(s)
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	<b>130.00</b>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims	-20** = 0 X 18.00 = 0.00		
Independent Claims	-3** = 0 X 86.00 = 0.00		
Multiple Dependent			
Fee Code (\$)	Fee Description		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1) (\$)	<b>\$0.00</b>		
Extra Claims	Fee from below	Fee Paid	
Total Claims	-20** = 0 X 18.00 = 0.00		
Independent Claims	-3** = 0 X 86.00 = 0.00		
Multiple Dependent			
Fee Code (\$)	Fee Description		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	<b>\$0.00</b>		
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	<b>\$130.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

## Complete (if applicable)

Name	Douglas R. Peterson	Registration No. (Attorney/Agent)	53,458	Telephone	310-824-5555
Signature	<i>Douglas R. Peterson</i>		Date	<i>8/5/04</i>	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/814,326
		Filing Date	03/20/2004
		First Named Inventor	Boylan
		Art Unit	3738
		Examiner Name	N/A
Total Number of Pages in This Submission	5+	Attorney Docket Number	ACSES-63439

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Douglas R. Peterson
Signature	
Date	8/5/04

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

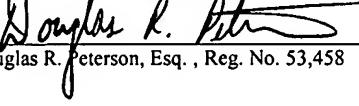
Typed or printed name	Douglas R. Peterson		
Signature		Date	8/5/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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\_\_\_\_\_  
Douglas R. Peterson, Esq., Reg. No. 53,458

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/814,326  
Applicants : John F. Boylan; Daniel L. Cox;  
              Pamela Ann Kramer-Brown  
Filed : March 30, 2004  
Art Unit : 3738  
Examiner : Unassigned  
Title : RADIOPAQUE AND MRI COMPATIBLE NITINOL ALLOYS FOR MEDICAL DEVICES  
  
Docket No.: : ACSES-63439  
Customer No. : 24201

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**RESPONSE TO NOTICE TO FILE MISSING PARTS**  
**OF NONPROVISIONAL APPLICATION**

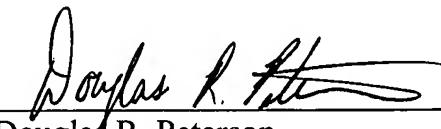
Dear Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application Filed Under 37 § 1.53(b), mailed June 14, 2004 (copy attached), Applicants submit herewith a copy of the Declaration and Power of Attorney for the above-identified application together with our check in the amount of \$130 for the large entity surcharge.

Please credit any overpayment or charge any additional fees in this matter to our  
Deposit Account No. 06-2425. A duplicate of this paper is enclosed.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By:   
Douglas R. Peterson  
Registration No. 53,458

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61409.1